## **Application Data Sheet**

Application Information Application number::	
Filing Date::	
Application Type::	Non-provisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	•
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SYSTEM AND METHOD FOR DIGITIZING A PATTERN
Attorney Docket Number::	32798-2002
Request for Early Publication?:	No
Request for Non-Publication?:	No .
Suggested Drawing Figure:	1
Total Drawing Sheets::	47
Small Entity?::	No ·

1. Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**United States** 

Status::

Full capacity

Given Name:

John

Family Name:

Amico

Name Suffix:

City of Residence::

Bronxville

State or Province of Residence::

New York

Country or Residence::

United States

Street of mailing address::

12 Hilltop Road

City of mailing address::

Bronxville

State or Province of mailing address::

New York

Country of mailing address::

**United States** 

Postal or Zip Code of mailing address::

10708

2. Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full capacity

Given Name:

Carmelo

Family Name:

Sberna

Name Suffix:

City of Residence::

Bronxville

State or Province of Residence::

New York

Country or Residence:: United States

Street of mailing address:: 7 Colonial Road

City of mailing address:: Bronxville

State or Province of mailing address:: New York

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 10708

**Correspondence Information** 

Correspondence Customer Number:: 33721

Name:: TORYS LLP

Street of mailing address:: 79 Wellington Street West, Suite 3000

City of mailing address:: Toronto

State or Province of mailing address: Ontario

Country of mailing address: Canada

Postal or Zip Code of mailing address:: M5K 1N2

Phone number:: 416.865.0040

Fax Number:: 416.865.7380

E-Mail address:: tchan@torys.com

Representative Information	า	
Representative Customer Number::	33721	

Domestic Priority Information				
Application::	Continuity Type::	Parent Application::	Parent Filing Date::	
This application is a	non-provisional of	60/525,137	11/28/2003	

## Flor, Alvine

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Last Name:

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First Name:

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